



ADA Complaint Form

Metro Transit is committed to complying with the requirements of the Americans with Disabilities Act (ADA) in all of its programs and services.

“No entity shall discriminate against an individual with a disability in connection with the provision of transportation service” (§ 37.5(a)).

Any person(s) or organization(s) believing they have been a victim of discrimination based related to a disability may file a complaint with Metro Transit.

FILE BY PHONE OR EMAIL:

Contact Metro’s customer service center at (608) 266-4466 or mymetrobus@cityofmadison.com.

FILE ONLINE:

Visit mymetrobus.com/feedback.

You can also submit complaints in writing below. Submit completed forms to:

Metro Transit, Attn: ADA Complaint, 1245 E. Washington Ave., Madison, WI 53703.

Your Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Incident: _____

Person(s) discriminated against (if other than complainant). List all names: _____

Please describe the alleged discrimination incident. Provide the names and title of all Metro Transit employees involved if available. Explain what happened and whom you believe was responsible. Please use the back of this form if additional space is required.



Metro Transit

Madison, Wisconsin

I affirm that I have read the above charge and that is true to the best of my knowledge, information & belief.

Signature: _____ Date: _____

Print or Type Name of Complainant: _____

Office Use Only:

Date Received:	Received By:
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